Barley Commission						
1. Group Name			2. Nam	e group reported unde	er in 1999 or Unc	hanged 🛚
Department of Agriculture			1985	8		8
3. Agency to which group r	eports		r was group blished	5. Number of members		mber of meetings st biennium
7. Summary: Primary Resp	onsibilities:					
The primary responsibil education, and sales pro						ct advertising,
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State appropriated or N if non appropriated	te/A if	ram Appropriation
1999-2001 Biennium Group Program	\$76,100 \$1,101,298	\$5,193 \$9,000	\$81,293 \$1,110,298	Producer assessm		
2001-2003 Biennium Group Program	\$90,100 \$1,039,384	\$7,606 \$10,000	\$97,706 \$1,049,384	Producer assessm	ents/N	
34. Expected consequence transferred to another ag	es if group wer ency (specify),	I e abolished and res or c) were dropped	sponsibilities: a	were assigned to exi	isting/additional	staff, b) were
a) Producer support ar involvement would decline.	nd b)	This is an agricul should not be train		activitie produce	g of research an s would decline er income, resea nomic viability o gton.	affecting arch efforts, and
10. Legal authorization: St	tate Constitutio	n Article, RCW, WA	AC or EO	11. Legal Author	rization is:	
RCW 15.66 and WAC	16-530			⊠ Specific [General	
12. Appointing Authority: § by elected producer meml Agriculture				13. Is Senate confirm	nation required?	☐ Yes ⊠ No
14. Does group have subpo	ena powers? [☐ Yes ⊠ No 1	5. Group membe	er compensation class	s □ one ⊠ two	☐ three ☐ four
16. Required Representation	n:					
District 1: Chelan, Dou District 2: Whitman Co District 3: Asotin, Ben District 4: Adams, Fra District 5: Lincoln Cou Two members represe Director of Agriculture	ounty - 1 produ ton, Columbia, nklin, Kittitas, a nty - 1 produce enting the indus	icer Garfield, and Wal and Yakima counti er	lla Walla counti ies - 1 produce	es - 1 producer	•	
17. Federal or other manda None	ates:			xisting organizations the mandates listed in		vate, which could
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that	the above inforn	nation is complete and	l correct to the be	est of my
Mary Palmer Sullivan, Dire	ector 7/11		W. Riverside,	Suite 501 Spokane	e, WA 99201	(509) 456-4400

Basic Health Plan Adv	isory Cound	il				
1. Group Name			2. Nan	ne group reported under in 19	99 or Unchanged ⊠	
Health Care Authority			1988	14	4	
3. Agency to which group r	eports		ar was group ablished	5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Resp	onsibilities:					
	the Health Ca			authority on major policy issu supportive constituency gro		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation	
1999-2001 Biennium Group Program	\$3,451.36	\$944.92	\$4396.28	100% Health Services Account		
2001-2003 Biennium Group Program	\$3,796.50	\$4,406.04	\$8,202.54	100% Health Services Account		
 a) Loss of ability to gauge of perceptions and expects program. Loss of extern the healthcare field and community. 10. Legal authorization: Strong RCW 70.47040 (3) 	external stions for the al experts in employer	b) Council's pur would have r agency.	rpose is specific to no relevenance for	any other perceptic external field, pos	bility to gauge external ons and expectations, loss of expert advice in the healthcare sible loss of support from key ders. No community imput. is:	
12. Appointing Authority:	HCA Administr	ator		13. Is Senate confirmation r	required? 🗌 Yes 🔀 No	
14. Does group have subpo	ena powers?	☐ Yes ⊠ No	15. Group memb	er compensation class 🗌 on	e 🗌 two 🗌 three 🗌 four	
	alth care profes			and those directly involved ir and those knowledgeable of		
17. Federal or other mand None	ates:		satisfy	existing organizations state, lo the mandates listed in numbe		
			None			
knowledge.	•			mation is complete and correc	•	
Ida Zodrow, Health Care Acting Administrator	Authority	07/16/01		0, Olympia, WA 98504-2700		
Name and Title (This	person assume	Date es responsibility f	Address or accurate tran	nsmittal of the above informa	Phone ation)	

Bates Technical Colle District 28	ge-Board of	Trustees,						
1. Group Name			2. Nam	2. Name group reported under in 1999 or Unchanged ⊠				
State Board for Communit Colleges	ty and Technic	al	1991	5	21			
3. Agency to which group r	eports		was group blished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	onsibilities:							
by the Legislature or by o	ffices of the State Boar	ate of Washington of the Community a	. Establishes a and Technical (Represents the College in a nd monitors yearly budget. I Colleges. Grants diplomas an programs.	Enforces rules and			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group Program	97,134	18,455	115,589	GF State/A & Local				
2001-2003 Biennium Group Program	79,200	15,048	94,248	GF State/ A & Local				
36. Expected consequenc transferred to another ag) were assigned to existing/a	dditional staff, b) were			
 Local citizens would over the governance college. 			e State Board fo and Technical		community input and ment would be eliminated.			
10. Legal authorization: St	tate Constitutio	n Article, RCW, WA	C or EO	11. Legal Authorization	is:			
RCW 28B.50				⊠ Specific ☐ Gene	eral			
12. Appointing Authority:	The Governor			13. Is Senate confirmation r	equired? 🛛 Yes 🗌 No			
14. Does group have subpo	ena powers?	☐ Yes ⊠ No 15	5. Group memb	er compensation class 🛛 on	e 🗌 two 🔲 three 🔲 four			
16. Required Representation	n:							
Geographic diversity, r	representatives	from labor, indus	try, women, an	d ethnic minorities.				
17. Federal or other mand	ates:			xisting organizations state, lo				
None			None	ine mandates iisted iii numbe	n 17.			
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that t	the above inform	nation is complete and correct	t to the best of my			
Brian Ebersole, President		7/3/01	1101	S. Yakima Ave./ Tacoma 98	405 (253) 680-7100			
Name and Title		Date	Addre	ss	Phone			

Beef Commission, Washington State				Unchanged			
1. Group Name				2. Namo	e group re	eported under in 199	9 or Unchanged ⊠
Department of Agriculture			19	969		9	10
3. Agency to which group re	eports		4. Year wa		_	. Number of nembers	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:						
To stabilize and build co	onsumer dema	nd for bee	ef products w	vhile enhan	cing our	industry stakeholde	rs' well-being.
8. Estimated Operating Costs	Direct Costs	Indirect	Costs T	otal Costs	Enter fund so	ources of Funds ources, e.g., G.F. State/A if or N if non appropriated	Program Appropriation
1999-2001 Biennium Group Program	\$19,000 \$2,109,050	\$37,799 0		56,799 2,109,050	Assess sales/N	ment on cattle	
2001-2003 Biennium Group Program	\$27,550 \$3,422,450	\$47,159 0		74,709 3,422,450	Assess sales/N	ment on cattle	
37. Expected consequence transferred to another ag				nsibilities: a)	were ass	signed to existing/ad	। Iditional staff, b) were
 Producer support ar involvement would decline. 	, pı		agricultural nd should no	c) t be	would resea	d decline affecting p	I marketing activities producer income, e economic viability of the
10. Legal authorization: St	ate Constitutio	n Article, l	RCW, WAC o	r EO	11. l	Legal Authorization i	s:
RCW 16.67					[⊠ Specific ☐ Gene	ral
12. Appointing Authority: [Director of Agri	culture			13. Is Se	enate confirmation re	equired? 🗌 Yes 🔀 No
14. Does group have subpo	ena powers?	☐ Yes 🏻	No 15. G	roup membe	er compe	nsation class 🗌 one	e 🛮 two 🗌 three 🗌 four
16. Required Representatio	n:						
2 - beef producers2 - feeders1 - meat packer1 - livestock sales yard2 - dairy (beef) produce1 member designated	ers	r of Agricu	ulture (ex offi	cio)			
17. Federal or other manda	ates:		4			ganizations state, locates listed in number	cal or private, which could
Beef Promotion Rese	arch Act and C	Order		None	o manu	atos nsteu in number	
19. Certification: I hereby of knowledge.	ertify via electro	onic subm	ittal that the a	above inform	nation is c	complete and correct	to the best of my
Patti Brumbach, Executive		/9/01 ate	14240 Interu Address	urban Ave.	S. #224	Seattle, WA 9816	68 (206) 444-2902 Phone

Bellevue Community District 8	College-Boa	rd of Trustees,			
1. Group Name			2. Nam	e group reported under in 199	99 or Unchanged ⊠
SBCTC			1967	5	21
3. Agency to which group reports 4. Year was group established 5. Number of members last biennium					
7. Summary: Primary Resp	onsibilities:				
provide for long- and sh	ort-range plani Establish fees a	ning. 4) Employ co and charges. 8) G	ollege president rant degrees a	f college education and trair t. 5) Establish new facilities. nd diplomas. 9) Enforce rule	6) Establish self-
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group	42,723	0	42,723	Gen. Fund - State	
Program	73,161,168	0	73,161,168	Gen. Fund - State	
2001-2003 Biennium Group	45,000	0	45,000	Gen. Fund - State	
Program	98,667,071	0	98,667,071	Gen. Fund - State	
38. Expected consequenc transferred to another ag				were assigned to existing/ac	dditional staff, b) were
a) Citizen representation oversight in the government of public community or would be eliminated accountability to correct the contract of the	ernance of olleges I, as well as	b) Same as a)		c) Same a	s a)
10. Legal authorization: S	tate Constitutio	n Article, RCW, WA	C or EO	11. Legal Authorization	is:
RCW 18B.50.100				⊠ Specific ☐ Gene	eral
12. Appointing Authority:	Governor			13. Is Senate confirmation re	equired? 🛛 Yes 🔲 No
14. Does group have subpo	oena powers?	☐ Yes ⊠ No 1	5. Group membe	er compensation class 🗌 one	e 🗌 two 🗌 three 🗌 four
16. Required Representation	on:				
Geographical diversity minorities.	within the colle	ege's district; repre	esentation by la	abor, business, women and	racial and ethnic
17. Federal or other mand None	ates:			xisting organizations state, lo the mandates listed in numbe	
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that t	the above inforn	nation is complete and correct	to the best of my
B. Jean Floten, President		6/20/01	3000 [_anderholm Circle SE, Belle	vue (425) 564-2301
Name and Title		Date	Addres		Phone

Bellingham Technical Trustees, District 25	College-Boa	ard of			
1. Group Name		2. Nan	ne group reported under in 1	999 or Unchanged ⊠	
Same			1991	5	25
3. Agency to which group r	eports		r was group blished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:				
The Board of Trustees I comprehensive statemen				ation of Bellingham Technic 28B.50	cal College. A
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group Program	\$26,700		\$26,700	G.F. State	N/A
2001-2003 Biennium Group Program	\$88,000		\$88,000	G.F. State	N/A
39. Expected consequenc transferred to another ag				a) were assigned to existing	/additional staff, b) were
a) Staff are not eligible			al autonomy if		Direction for the College be lost.
10. Legal authorization: S	tate Constitutio	n Article, RCW, WA	AC or EO	11. Legal Authorizatio	n is:
RCW 28B.50				⊠ Specific ☐ Ge	neral
12. Appointing Authority:	Governor			13. Is Senate confirmation	required? 🛛 Yes 🔲 No
14. Does group have subpo	oena powers? ☐	Yes No 1	5. Group memb	per compensation class 🗌 d	one 🗌 two 🗌 three 🗌 four
16. Required Representation	n:				
terms commencing Oc consideration to geogr	ctober 1 st of the caphical diversit ards of trustees	year in which app y, and representions. The boards of tr	pointed. In maling labor, busing ustees for dist	rustees, who shall be appo king such appointments the ess, women, and racial an ricts containing technical c	e governor shall give d ethnic minorities, in the
17. Federal or other mand None	ates:			existing organizations state, the mandates listed in num	local or private, which could ber 17:
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that	the above infor	mation is complete and corre	ect to the best of my
Desmond McArdle, Presid	dent	June 4, 200	01 3028 9822	Lindbergh Ave. Bellinghan	n, WA 360-738-3105 Ext. 333
Name and Title		Date	Addre		Phone

Bicycling Advisory Co	mmittee				
1. Group Name			2. Nam	e group reported under in 199	9 or Unchanged
WSDOT			1984	7	8
3. Agency to which group re	eports		r was group blished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:				
	Review the De	partment's plann	ing and progra	s. Assist the Department in c mming functions for their effor	
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group	2,000		2,000	MVF	
Program	5,409,000		5,409,000	State/A	
2001-2003 Biennium Group	2,000		2,000	MVF	
Program	6,093,000		6,093,000	State/A	
40. Expected consequence transferred to another aga) Loss of Public involvements the WSDOT Bicycle	ency (specify), over the contract of the contr	or c) were dropped b) No other ag			ed costs due to lack of ation between OSC,
•	-		-	Regions	and Bicyclists.
10. Legal authorization: St	ate Constitution	Article, RCW, WA	C or EO	11. Legal Authorization	s:
Executive Order				☐ Specific ⊠ Gene	ral
12. Appointing Authority: [Director, HIghw	ays and Local Pro	ograms	13. Is Senate confirmation re	equired? 🗌 Yes 🗵 No
14. Does group have subpo	ena powers?] Yes ⊠ No 1	5. Group memb	er compensation class 🛚 one	e
16. Required Representatio	n:				
The Bicycle Advisory C Two citizens represent		quired to have se	ven citizen me	mbers representing each of	the WSDOT Regions.
17. Federal or other manda	ates:			existing organizations state, lo	
none			none	the manuates listed in numbe	1 17.
19. Certification: I hereby of knowledge.	certify via electro	nic submittal that	the above infori	mation is complete and correct	to the best of my
Bicycle & Pedestrian Prog	ram Manager	August 8, 20	001 PO B	ox 47390, Olympia, WA 985	04 360-705-7258
Name and Title		Date	Addre	ss	Phone

Big Bend Community District 18	College-Boa	rd of Trustees,	_					
1. Group Name 2. Name group reported under in 1999 or Unchanged ⊠								
State Board for Communic Colleges	ty & Technical		1967	5	17			
3. Agency to which group r	eports		was group blished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	onsibilities:							
provide for long and sho	ort range plann Establish fees a	ing. 4) Employ coll and charges. 8) Gr	lege president. ant degrees ar	college education and trai 5) Establish new facilities. nd diplomas. 9) Enforce rul	6) Establish self-			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group	14,171	0	14,171	G.F. State				
Program	18,221,644	0	18,221,664	G.F. State				
2001-2003 Biennium Group	19,540	0	19,540	G.F. State				
Program	21,865,000	0	21,865,000	G.F. State				
41. Expected consequenc transferred to another ag) were assigned to existing/a	additional staff, b) were			
 Same response for Loss of oversight ar setting. 		b)		с)				
10. Legal authorization: S	tate Constitution	n Article, RCW, WA	C or EO	11. Legal Authorization	ı is:			
RCW 28B.50				Specific Ger	eral			
12. Appointing Authority:	Governor			13. Is Senate confirmation	required? ⊠ Yes □ No			
14. Does group have subpo		☐ Yes ⊠ No 15	5. Group membe	er compensation class o	_			
16. Required Representation	n:							
RCW 28B.50.100 Men representation from lal				f the college district. Geognorities.	raphic diversity and			
17. Federal or other mand none	ates:			xisting organizations state, the mandates listed in numb	ocal or private, which could er 17:			
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that t	he above inforn	nation is complete and corre	ct to the best of my			
K.W. Turner, VP		7/3/01	7662 (Chanute St. Moses Lake, V	NA 509-762-6201			
Name and Title		Date	Addres		Phone			

Birth Defects Advisor	y Committee	e			
1. Group Name			2. Nan	ne group reported under in 199	9 or Unchanged ☐
Department of Health			1997	30	0
3. Agency to which group r	reports		r was group ablished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:				
Advise the Department	of Health rega	rding issues relev	ant to the surv	eillance of birth defects statev	vide.
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group Program	0	0	0		
2001-2003 Biennium Group Program	1500	1500	1500	Maternal Child Health Block Grant	
42. Expected consequenc transferred to another ag				a) were assigned to existing/ad	ditional staff, b) were
 Loss of valuable inp stakeholders. 	out from	b)		c)	
10. Legal authorization: S	tate Constitutio	on Article, RCW, WA	AC or EO	11. Legal Authorization is	s:
Required for federal f	unding.			☐ Specific ⊠ Gener	ral
12. Appointing Authority:	WA State Depa	artment of Health		13. Is Senate confirmation re	equired? 🗌 Yes 🗵 No
14. Does group have subpo	oena powers? [☐ Yes ⊠ No 1	5. Group memb	per compensation class 🗌 one	two 🗌 three 🗌 four
16. Required Representation Educators, consumers		es from the State	Board of Heal	th, physicians	
17. Federal or other mand Required for federal f				existing organizations state, loo the mandates listed in number	
rrequired for federal i	unung.		None		
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that	the above infor	mation is complete and correct	to the best of my
Sarah Forquer, Acting Ma Services Section	nager Genetic	6/21/01		5 72 nd Avenue South, Suite 20 WA 98032	00 253-395-6743
Name and Title		Date	Addre		Phone

Blind Vendors, State 0	Committee fo	or						
1. Group Name			2. Nam	2. Name group reported under in 1999 or Unchanged ⊠				
Department of Services for	or the Blind		1983	7	15			
3. Agency to which group r	eports		was group blished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	onsibilities:							
The group's purpose is make related recommer		gency on matters	pertaining to a	administering the Federal Ra	ndolph-Sheppard Act and			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group Program	10,000		10,000	N- Vending Machine Revenue				
2001-2003 Biennium Group Program	15,000		15,000	N - Vending Machine Revenue				
43. Expected consequenc transferred to another ag				 a) were assigned to existing/ad	 dditional staff, b) were			
Federal Randolph-S Act mandates estab Statewide Blind Ven Committee.	lishment of	designated agency to a	only state age to be a state li dminister the I heppard Act.	censing with fed	ald be out of compliance eral law.			
10. Legal authorization: St	tate Constitutio	n Article, RCW, WA	C or EO	11. Legal Authorization	is:			
RCW 74.18.200-230				⊠ Specific ☐ Gene	eral			
12. Appointing Authority: (General Election	on by Vendors		13. Is Senate confirmation r	equired? 🗌 Yes 🗵 No			
14. Does group have subpo	ena powers? [☐ Yes ⊠ No 15	5. Group memb	er compensation class 🛛 on	e 🗌 two 🗌 three 🗌 four			
16. Required Representatio	n:							
One member from eas Snohomish, Skagit, an				e members from NW countienton counties.	es of Pierce, King,			
17. Federal or other mand	ates:			existing organizations state, lo				
34 CFR, Section 395.	.14		satisfy None	the mandates listed in number	er 17:			
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that t	the above infor	mation is complete and correc	t to the best of my			
Jeanne Gallo, Business E	nterprise	July 2, 2001		ox 90433 pia, WA 98504	360-586-7022			
Program Manager Name and Title		Date	Addre		Phone			

Blueberry Commission	n							
1. Group Name			2. Name group reported under in 1999 or Unchanged ⊠					
5			000	-	۰			
Department of Agriculture			969	7	8			
3. Agency to which group r	reports		r was group ablished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	oonsibilities:							
				ivities, provide funds for resean, and properly disburse fund				
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group	\$5,834	\$5,665	\$11,499	Producer assessments/N				
Program	\$140,138	0	\$140,138					
2001-2003 Biennium Group	\$11,962	\$5,575	\$17,537	Producer assessments/N				
Program	\$76,550	0	\$76,550					
44. Expected consequence transferred to another ag				a) were assigned to existing/add	ditional staff, b) were			
a) Producer support a			u. agricultural pro	gram that c) Funding	of research and			
involvement would			be transferred.	marketin	g activities would			
					ffecting producer research efforts, and the			
				economic	c viability of the industry			
				in Washi	ngton.			
10. Legal authorization: S	tate Constitutio	on Article, RCW, WA	AC or EO	11. Legal Authorization is	s:			
RCW 15.65 and WAG	C 16-550			⊠ Specific ☐ Gener	al			
12. Appointing Authority: by the Director of Agricult		fected producers,	1 appointed	13. Is Senate confirmation re-	quired? 🗌 Yes 🗵 No			
14. Does group have subpo		⊠ Yes ☐ No 1	5. Group memb	per compensation class one	⊠ two □ three □ four			
16. Required Representation	on:							
The six board membe Agriculture to represer				e appointed member is appoir	nted by the Director of			
17. Federal or other mand None	lates:			existing organizations state, loc the mandates listed in number				
19. Certification: I hereby knowledge.	certify via electr	onic submittal that		mation is complete and correct	to the best of my			
Dorothy Anderson, Secre	tarv/Treasurer	6/25/01	1590	3 Bow Hill Road, Bow WA 98	232 (360) 766-6150			
Name and Title	j,	Date	Addre		Phone			

Blue Ribbon Panel on	Created by mandate of the Governor, May 25, 2000							
1. Group Name			2. Nam	2. Name group reported under in 1999 or Unchanged				
Labor and Industries			2000	11		1		
3. Agency to which group re	eports		was group blished	5. Number of members		er of meetings piennium		
7. Summary: Primary Resp To determine whether the enforcement of the Ergo education materials are procedures are fair and	ne Department onomics Rule u widely availab	of Labor and Indu	stries has fulfi criteria: demo	lled its obligations to sonstration projects have	state employers be ve been successfu	efore I; effective		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State appropriated or N if non appropriate	e/A if	Appropriation		
1999-2001 Biennium Group	\$10,000	\$250	\$10,250	608/609/A	N/A			
Program	0	0	0					
2001-2003 Biennium Group	\$33,000	\$1,000	\$34,000	608/609/A	N/A			
Program	0							
45. Expected consequence transferred to another ag	es if group were ency (specify),	e abolished and res or c) were dropped	ponsibilities: a) were assigned to exis	sting/additional sta	ff, b) were		
a) These responsibilities cannot be assigned to existing or additional staff since the purpose of the group is to bring external individuals from around the nation, who have appropriate experience and diverse backgrounds, together in an advisory capacity to the agency regarding the ergonomics regulation. Consequently there is no way to accomplish the intent of the						ne Governor's nd be deprived		
panel with agency s 10. Legal authorization: St n/a by mandate of t	ate Constitution	n Article, RCW, WA	C or EO	11. Legal Authori ☐ Specific ☐				
12. Appointing Authority: [Director, Dept.	of Labor and Indus	stries	13. Is Senate confirm	ation required?	Yes 🛛 No		
14. Does group have subpo	ena powers? [] Yes ⊠ No 15	i. Group memb	er compensation class	one 🗌 two 🗌	three 🗌 four		
16. Required Representatio Individuals from around possess appropriate ex	d the nation wh			in the Washington Sta	ate ergonomics de	bate and who		
17. Federal or other manda N/A	ates:			xisting organizations s the mandates listed in		e, which could		
19. Certification: I hereby of knowledge.	ertify via electro	onic submittal that t	he above infori	mation is complete and	correct to the best	of my		
Rick Goggins, Ergonomist David Jansen, Ergonomic			Olym	ox 44600 oia, WA 98504-4600		360-902-6307		
Name and Title (This p	person assume	Date s responsibility for	Addre r accurate trar	ss smittal of the above ir	nformation)	Phone		

37

Boiler Rules, Board of	f						
1. Group Name			2. Nan	2. Name group reported under in 1999 or Unchanged ⊠			
Department of Labor and	Industries		1951	5	21 Meeting days and 16 exams days		
			r was group ablished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Responsibilities: The Board formulates definitions, rules and regulations for safe operation, maintenance, repair and fabrication of boilers and pressure vessels. They also adopt, ament and interpret these codes. The Board provides examinations for the appointment of commissions for boiler inspectors and revokes those commissions if the inspector is found incompetent or untrustworthy. The Board establishes fees for inspections and certificates in accordance with the requirements of the Administrative Procedure Act. The Board acts as an appeal board to aggrieved persons by acts ordered from the Department. The Board hears variance requests for no code vessels and approves or disapproves the certification based on the evidence.							
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group Program	\$18,500	\$2,000	\$20,500	Boiler/Pressure Vessel Fund 892 / A	N/A		
2001-2003 Biennium Group Program	\$19,500	\$2,000	\$21,500	Boiler/Pressure Vessel Fund 892 / A	N/A		
46. Expected consequenc transferred to another ag	• .		•	a) were assigned to existing/ad	ditional staff, b) were		
a) b) c) The industry cross section experience of the Board is essential to the Department. The Department would lose jurisdictional recognition both nationally and internationally and would affect approximately 100 manufacturers and repair firms. The boiler/pressure vessel experience in safety would be lost. 10. Legal authorization: State Constitution Article, RCW, WAC or EO 11. Legal Authorization is:							
 10. Legal authorization: State Constitution Article, RCW, WAC or EO RCW 70.79.010 11. Legal Authorization is: Specific ☐ General 							
12. Appointing Authority: Governor 13. Is Senate confirmation required? ☐ Yes ☒ No 14. Does group have subpoena powers? ☐ Yes ☒ No 15. Group member compensation class ☒ one ☐ two ☐ three ☐ four							
16. Required Representation	•						
1 owner/user of boilers a	nd unfired pressi any registered in			er or unfired pressure vessel man nd 1 representative of stationary			
17. Federal or other mandates: 55. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17:							
None None 19. Certification: I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.							
Robert Marvin, Acting Chi	ef Boiler Inspe	ctor 6/15/0 ²	1 PO Box	44410, Olympia WA 98504-4	410 360-902-5270		
Name and Title	•	Date	Address		Phone		

Breast & Cervical Heat Committee	alth Program	n Advisory						
1. Group Name			2. Nan	2. Name group reported under in 1999 or Unchanged				
Department of Health			1998	19	6			
3. Agency to which group reports			ar was group ablished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	oonsibilities:							
Advise/recommend Wa	shington state	priorities, funding	and policy for	breast and cervical health p	rogram.			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group Program	5,100	900	6,000	CDC Federal grant				
2001-2003 Biennium Group Program	6,100	1,100	7,200	CDC Federal grant				
47. Expected consequence transferred to another ag				a) were assigned to existing/a	ndditional staff, b) were			
a) not an appropriate s	staff function	b) no other ap	opropriate ager	ncy c) stakeho	older input critical			
10. Legal authorization: S	tate Constitution	on Article, RCW, W	AC or EO	11. Legal Authorization	is:			
Required for federal funding.								
12. Appointing Authority: Department of Health 13. Is Senate confirmation required? Yes No								
14. Does group have subpo	oena powers?	☐ Yes ⊠ No	15. Group memb	per compensation class 🛛 or	ne 🗌 two 🗌 three 🗌 four			
16. Required Representation	on:							
N/A								
17. Federal or other mand CDC program policy				existing organizations state, I the mandates listed in numb				
19. Certification: I hereby knowledge.	certify via elect	ronic submittal that	t the above infor	mation is complete and correc	ct to the best of my			
Pama Joyner	J	une 21, 2001		859, Olympia WA 98504-78	59 360-236-3589			
Name and Title		Date	Address		Phone			

Bridge Replacement	Advisory Cor	nmittee				
1. Group Name		2. Name group reported under in 1999 or Unchanged				
WSDOT			1985	20	4	
3. Agency to which group r		was group blished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	oonsibilities:					
Select local agency brid	dges within the	state for rehabilita	tion or replace	ment utilizing federal bridge	replacement funds.	
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation	
1999-2001 Biennium Group	1,500		1,500	T21 Federal		
Program	80,000,000	90,000	80,090,000	Aide		
2001-2003 Biennium Group	1,500		1,500	T21 Federal		
Program	100,000,00	90,000	100,090,00	Aide		
 48. Expected consequences if group were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped. a) Loss of credibility and effectiveness. b) Cannot be transferred. Bridge Replacement funds given only to DOT. c) Unable to effectively determine priority for non-state bridges with the same confidence which exists presently. 10. Legal authorization: State Constitution Article, RCW, WAC or EO 11. Legal Authorization is:						
12. Appointing Authority: Director, Highways & Local Programs 13. Is Senate confirmation required? Yes No						
14. Does group have subpoena powers? ☐ Yes ☒ No 15. Group member compensation class ☒ one ☐ two ☐ three ☐ four ☐ five						
16. Required Representation:						
Representatives from city, county and state						
17. Federal or other mandates: 57. Other existing organizations state, local or private, which could						
none satisfy the mandates listed in number 17: none					r 17:	
19. Certification: I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.						
Director, Highways and Local Programs Name and Title		August 8, 20 Date	Addres	, , , ,		

Building Code Counc	il, Washingt	on State					
1. Group Name		2. Name group reported under in 1999 or Unchanged ⊠					
Office of Community Deve	elopment		1974	20	14		
3. Agency to which group r	eports		ar was group ablished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	onsibilities:						
Through rule making ur	der WAC 51 r	eviews, amends a	and adopts the	state building codes			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group	150,000	0	150,000	Dedicated			
Program	675,170	175000	850,170				
2001-2003 Biennium Group	150,000		150,000	Dedicated			
Program	704,150	185,000	889,150				
 49. Expected consequences if group were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped. a) Process would be simpler. b) Department of Labor and Industries c) Local building codes or no codes Political support would has similar functions. Same outcome disappear. Process would be dissolved. Local codes or no codes would take effect. 10. Legal authorization: State Constitution Article, RCW, WAC or EO 11. Legal Authorization is: RCW 19.27 12. Appointing Authority: Governor 13. Is Senate confirmation required? Yes No 							
14. Does group have subpo	ena powers? [☐ Yes ⊠ No 1	15. Group memb	per compensation class 🗌 one	e 🗌 two 🛛 three 🗌 four		
16. Required Representation: RCW 19.27.070; two county commissioners, two city council members, two local enforcement officials, one general public, one general public with disability, two engineers, three in construction industry, one architect, one in construction trades, four legislators, one from L&I electrical section							
17. Federal or other mandates: 58. Other existing organizations state, local or private, which could							
ADA, FFHA, EPACT			satisfy the mandates listed in number 17: none				
19. Certification: I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.							
Tim Nogler , Managing DirectorJuly 6, 2001906 Columbia St SW Olympia 98502(360) 72Name and TitleDateAddress					Phone		

Bulb Commission						
1. Group Name			2. Nan	ne group reported under in 199	99 or Unchanged ⊠	
Department of Agriculture)		1956	6	4	
3. Agency to which group	reports		ar was group ablished	5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Res	ponsibilities:					
Collect assessments a	nd fund resear	ch benefiting the f	lower bulb indu	stry.		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation	
1999-2001 Biennium Group Program	0 \$67,510	\$5,814 0	\$5,814 \$67,510	Producer assessments on tulips, iris and daffodils/N		
2001-2003 Biennium Group Program	0 \$47,000	\$3,691 0	\$3,619 \$47,000	Producer assessments on tulips, iris and daffodils/N		
				a) were assigned to existing/ac	lditional staff, b) were	
transferred to another agency (specify), or c) were dropped. a) Producer support and involvement would should not be transferred. decline. c) Funding of research activities would decline affecting research efforts and the economic viability of the industry in Washington.						
10. Legal authorization: S	State Constitution	on Article, RCW, W	AC or EO	11. Legal Authorization	is:	
RCW 15.65 and WA	RCW 15.65 and WAC 16-524					
12. Appointing Authority: by elected producer mem Agriculture				13. Is Senate confirmation re	equired? 🗌 Yes 🛚 No	
14. Does group have subp	oena powers? [☐ Yes ⊠ No	15. Group memb	per compensation class 🗌 one	e 🛚 two 🗌 three 🗌 four	
16. Required Representation	on:					
Producer of tulips, iris District 1: Skagit, Sno District 2: All other co District 3: Entire state 2 members appointed Director of Agriculture	phomish, What punties - 2 posi e of Washington by the elected	com, and Island c tions n - 1 position	·	itions		
17. Federal or other mand None	 17. Federal or other mandates: None 59. Other existing organizations state, local or private, which coul satisfy the mandates listed in number 17: None 					
19. Certification: I hereby knowledge.	certify via electi	ronic submittal that	t the above infor	mation is complete and correct	to the best of my	
Peter Stroosma, Secretar	ry/Treasurer	7/29/01 Date	PO Box 303, Address	Mount Vernon, WA 98273	(360) 422-5466 Phone	

Byrne Grant Advisory	Committee						
1. Group Name		2. Name group reported under in 1999 or Unchanged ⊠					
Community, Trade & Ecor Development	nomic		1987	18	8		
3. Agency to which group r	eports		was group blished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	onsibilities:						
				sion to the Governor and the strol and system improvemen			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group Program	\$6,350		\$6,350	Federal - Byrrne Admin			
2001-2003 Biennium Group Program	\$6,500		\$6,500	Federal - Byrne Admin			
51. Expected consequence transferred to another ag	es if group were algency (specify), or	bolished and res	ˈ sponsibilities: a l.) were assigned to existing/ad	Iditional staff, b) were		
a) Violation of federal grant's policy & c) Violation of federal grant's policy & procedure c) Violation of federal grant's policy & procedure c) Violation of federal grant's policy & procedure							
10. Legal authorization: St	tate Constitution A	Article, RCW, WA	C or EO	11. Legal Authorization i	s:		
☐ Specific ☐ General							
12. Appointing Authority: 13. Is Senate confirmation required? ☐ Yes ☒ No							
14. Does group have subpoena powers? 🗌 Yes 🖾 No 💮 15. Group member compensation class 🗌 one 🔲 two 🔲 three 🔲 four							
16. Required Representation	n:						
Law enforcement, prosecutors, judges/court personnel, defenders, jail/corrections management, prevention & substance abuse experts. Highly encouraged members include the representatives of the US Attorney's Law Enforcement Coordinating Committee and the legislative							
17. Federal or other mandates: 60. Other existing organizations state, local or private, which could							
Byrne Formula Grant Policy and Procedure Guide Satisfy the mandates listed in number 17: None							
			None				
19. Certification: I hereby of knowledge.	certify via electroni	c submittal that	the above inform	nation is complete and correct	to the best of my		
William H. Johnston 7/2			_	Box 48350 bia, WA 98504-8350	360-725-3030		
Name and Title		Date	Address Phone				